



# South Carolina Department of Insurance

MARK SANFORD  
Governor

SCOTT H. RICHARDSON  
Director of Insurance

## APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR SPECIAL PURPOSE FINANCIAL CAPTIVES

**ONLY INDIVIDUALS MAY APPLY**

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TO: The Director of Insurance for the State of South Carolina  
South Carolina Department of Insurance  
PO Box 100105  
Columbia, South Carolina 29202-3105  
ATTENTION: Kristin Barrett – Senior Analyst/Examiner – Complex Transactions

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### SECTION ONE: GENERAL APPLICANT INFORMATION

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I, the undersigned, hereby apply for authorization as an independent certified public accountant for the transacting of audits for Special Purpose Financial Captives.

1. **Firm Name** \_\_\_\_\_
2. **Firm Address** \_\_\_\_\_
3. **Name of Partner** \_\_\_\_\_
4. **Education and Degree**  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Graduate or Professional \_\_\_\_\_
5. **Member of Professional Societies or Associations (List)** \_\_\_\_\_  
\_\_\_\_\_
6. **List all insurance and/or captive auditing experience for the past 15 years – including specific dates. (Attach additional sheets if necessary).**  
\_\_\_\_\_  
\_\_\_\_\_
7. **List the captive account(s) you will be auditing:**  
\_\_\_\_\_  
\_\_\_\_\_

South Carolina Department of Insurance, Post Office Box 100105, Columbia, South Carolina 29202-3105

Telephone: (803) 737-6175 / Fax: (803) 737-4976

Email: [captivemail@doi.sc.gov](mailto:captivemail@doi.sc.gov) or [kbarrett@doi.sc.gov](mailto:kbarrett@doi.sc.gov)

8. **Present Chief Occupation**

Position / Title \_\_\_\_\_ How Long in this position? \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

How long with this employer? \_\_\_\_\_

9. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (ie: speeding or parking ticket)?

☐ **Yes**      ☐ **No**

If "yes", please submit full and detailed explanation and the disposition thereof.

10. Do you control, either directly or indirectly, or own legally or beneficially, the outstanding stock of any Insurer? ☐ **Yes**      ☐ **No**      If yes, please provide details.

11. Do you currently hold or have you held any type of insurance license? ☐ **Yes**      ☐ **No**  
If "Yes", please provide detail on a separate sheet of paper – including: License Type, State of Issue, and its current Status. [If active, please include expiration date]

- 11a. Have you ever had a license or privilege refused or revoked by an Insurance Department?  
☐ **Yes**      ☐ **No**      If "Yes" please provide details.

12. Are you currently licensed as a CPA? ☐ **Yes**      ☐ **No**

What state(s): \_\_\_\_\_

13. Has your license as a CPA in any state ever been suspended or revoked? ☐ **Yes**      ☐ **No**  
If "Yes", please provide details.

14. Are you currently registered with SC LLR to practice within SC, pursuant to the requirements of SC 40-2-250 and Reg. 1-10 of the SC Code of Laws? ☐ **Yes**      ☐ **No**  
If no, please ensure that a copy of the "Out of State Firm Registration" (Form 5101) and/or "Practice Privileges Registration" (Form 5100) have been completed and submitted to LLR, with a copy to the DOI.

15. Will you assign captive accounting functions only to individuals that have a minimum of two years insurance auditing experience? ☐ **Yes**      ☐ **No**

**Section 2 [Attachments and Exhibits] and Section 3 [Certification] are contained on the following page.**

Mailing Address: SC DOI, PO Box 100105, Columbia, South Carolina 29202-3105

Street Address: 1201 Main Street, Suite 1000, Columbia, South Carolina 29201

Telephone: (803) 737-6870 / Fax: (803) 737-4976

Email: [spfc@doi.sc.gov](mailto:spfc@doi.sc.gov) or [kbarrett@doi.sc.gov](mailto:kbarrett@doi.sc.gov)

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## SECTION TWO: ATTACHMENTS AND EXHIBITS

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Please attach the following documents to this application as exhibits:

1. Your resume or curriculum vitae;
2. Certified copies of any disciplinary orders issued against you by any professional organization to which you belong. **NOTE:** If there have been none, please provide written confirmation of such;
3. Copies of all professional licenses that you hold;
4. Copies of all the resumes and/or curriculum vitae of all persons who would be employed or assigned auditing work by you; and
5. Any other additional information deemed necessary to evaluate your qualifications to serve as an independent actuary by the Director or her designee.

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## SECTION THREE: CERTIFICATION

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I hereby certify that my responses to the above are true, correct and complete to the best of my information, knowledge and belief. I have read and understand all the requirements and provisions of 2000 S.C. Act No 331.

(No Fee Required)

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

NOTARY SEAL      Notary Public authorized by law of the State of \_\_\_\_\_

to administer oaths. My commission expires on \_\_\_\_\_